

Important Advances in Clinical Medicine

Epitomes of Progress—General and Family Practice

The Scientific Board of the California Medical Association presents the following inventory of items of progress in general and family practice. Each item, in the judgment of a panel of knowledgeable physicians, has recently become reasonably firmly established, both as to scientific fact and important clinical significance. The items are presented in simple epitome and an authoritative reference, both to the item itself and to the subject as a whole, is generally given for those who may be unfamiliar with a particular item. The purpose is to assist the busy practitioner, student, research worker or scholar to stay abreast of these items of progress in general and family practice which have recently achieved a substantial degree of authoritative acceptance, whether in his own field of special interest or another.

The items of progress listed below were selected by the Advisory Panel to the Section on General and Family Practice of the California Medical Association and the summaries were prepared under its direction.

Reprint requests to: Division of Scientific and Educational Activities,
California Medical Association, 731 Market St., San Francisco, CA 94103

A Little More Attention to Parasites

INTESTINAL PARASITIC INFESTATION is one of the most common human afflictions. It is often considered a rarity in the United States. However, some communities in Southern California close to Mexico have a high incidence of infestation, as do communities with recent influxes of Southeast Asian immigrants.

Symptoms indicative of possible parasitic infestation include poor nutritional status, vague or acute abdominal pain, indigestion, nausea, vomiting, fatigue, poor appetite, constipation, diarrhea, gastrointestinal bleeding, headache, chronic cough and asthma-like conditions, and lag in growth and maturation in children. Generally, poor sanitation and personal hygiene, increasing international travel, contact with domestic animals, and some group activities are well known factors in its spread.

In general, studies of stool specimens on three separate dates are required both before and after treatment. If results in one member of the family are positive, examinations should be carried out in the entire family. Findings other than positive

stool studies include anemia and eosinophilia, especially in cases involving pathogenic parasites. Needless to say, care and thoroughness are essential in all examinations.

Common parasites include *Ascaris lumbricoides*, *Enterobius vermicularis*, hookworms, *Trichiuris trichiura*, *Giardia lamblia*, *Entamoeba histolytica*, *Strongyloides stercoralis* and *Hymenolepis nana*. *Taenia saginata*, *Schistosoma mansoni* and *Dientamoeba fragilis* also are not uncommon. Not surprisingly, many patients have been found to be infested with more than one parasite, combinations of two or more of the above mentioned pathogenic ones or of other nonpathogenic ones. In multiple infestation involving *Ascaris*, treatment should first be directed against this parasite; mebendazole (Vermox®) is often very effective. Mebendazole is relatively safe and is effective for pinworms, hookworms and whipworms. It is, however, not recommended for children less than 3 years old. Other effective regimens include pyrantel pamoate (Antiminth®) or piperazine for *Ascaris*; Antiminth or pyvinium pamoate (Povan®) for pinworms; Antiminth or thiabendazole